Attachment

DHB Self Attestation

For self-attestation of all eligibility criteria, when electronic or other documentation not available, enter the statement: "COVID19"

Self-Attestation for Eligibility Criteria		
Eligibility Item	Documentation	NC FAST Verification Evidence
Medical Bills to Meet Deductible	Complete statement, including: • Date(s) of service • Provider name • Amount owed Caseworker must ensure bill(s) have not been applied to previously met deductible	Bill/Receipts
State Residence	Applicant checked "yes" or provided response they are state resident Provided NC address as residence	"Written declaration from Third Party" twice on: Income Support, or Insurance Affordability (MAGI)
Resources	 Complete statement, including: Type of resource Location/name of financial institution Account #, if known Amount/value of asset Self-Attestation is not allowable for transfer of assets or reserve reduction.	"Not required per policy: for the following: • Annuity • Property • Trust • Vehicle
Income	Unearned income:	"Other" – "enter comments" can be entered to satisfy the verification requirement for Income If "Other" is not available, Select another verification type and document COVID-19 in the comment box.
Income deductions	Complete statement, including:	Use "Paystub/Earning statement"
Life Insurance	 Complete statement, including: Type of policy (term, whole life, etc.) Owner Face value Cash value, if accrues 	"Written or Verbal Statement from Insurance Company"